

12-20-01

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

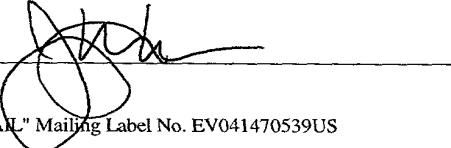
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	SP00-386	Total Pages	2
First Named Inventor or Application Identifier Berkey			
Title : Low Water Peak Optical Waveguide Fiber			
Express Mail Label No. EV041470539US			

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:
I certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to the Commissioner of Patents and Trademarks, Washington, DC 20231

on 14 DEC 2001

(Date)

Signature 

"EXPRESS MAIL" Mailing Label No. EV041470539US

ADDRESS TO:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

JC903 U.S. Pro
10/023291
12/14/01


1. <input checked="" type="checkbox"/> * Fee Transmittal Form (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 42] (preferred arrangement set forth below)	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention	a. <input type="checkbox"/> Computer Readable Copy
- Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R&D	c. <input type="checkbox"/> Statement verifying identity of above copies
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 5]	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input type="checkbox"/> Oath or Declaration [Total Pages]	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Executed (original or copy)	9. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)
	13. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Other: (if foreign priority is claimed)

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

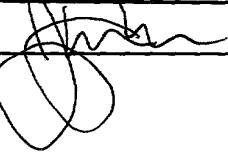
Continuation Divisional. Continuation-in-part (CIP) of prior application No

Prior application information: Examiner: Group / Art Unit:

For **CONTINUATION or DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 22928 or Correspondence address below

NAME	Joseph M. Homa				
ADDRESS	Corning Incorporated, SP-TI-3-1				
CITY	Corning	STATE	NY	ZIP CODE	14831
COUNTRY	USA	TELEPHONE	(607) 974-9061	FAX	(607) 974-3848
Name (Print/Type)	Joseph M. Homa		Registration No. (Attorney/Agent)	40,023	
Signature			Date	14 DEC 2001	

FEE TRANSMITTAL for FY 2001

TOTAL AMOUNT OF PAYMENT (\$) **1484.00**

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Berkey, George
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned

Attorney Docket Number **SP00-386**

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-3325**

Deposit Account Name **Corning Incorporated**

Charge Any Additional Fees Required
Under 37 C.F.R. §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

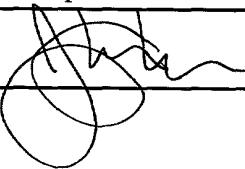
Large Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
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105	130		Surcharge - late filing fee or oath	
127	50		Surcharge - late provisional filing fee or cover sheet	
139	130		Non-English specification	
147	2,520		For filing a request for reexamination	
112	920*		Requesting publication of SIR prior to Examiner action	
113	1,840		Requesting publication of SIR after Examiner action	
115	110		Extension for reply within first month	
116	390		Extension for reply within second month	
117	890		Extension for reply within third month	
118	1,390		Extension for reply within fourth month	
128	1,890		Extension for reply within fifth month	
119	310		Notice of Appeal	
120	310		Filing a brief in support of an appeal	
121	270		Request for oral hearing	
138	1,510		Petition to institute a public use proceeding	
140	110		Petition to revive - unavoidable	
141	1,240		Petition to revive - unintentional	
142	1,240		Utility issue fee (or reissue)	
143	440		Design issue fee	
144	600		Plant issue fee	
122	130		Petitions to the Commissioner	
123	50		Petitions related to provisional applications	
126	240		Submission of Information Disclosure Stmt	
581	40		Recording each patent assignment per property (times number of properties) <u> x </u>	
146	710		Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
149	710		For each additional invention to be examined (37 C.F.R. § 1.129(b))	
Other fee (specify) _____				
Other fee (specify) _____				

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)**

SUBTOTAL (2) (\$) **744.00**

COMPLETED (if applicable)

Name (Print/Type)	Joseph M. Homa	Registration No. (Attorney/Agent)	40,023
Signature		Date	14 DEC 2001

EV041470539US